Fill in this information to	identify your case:	
Debtor 1	Tonya Denise Tisdale	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	cy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	
	50425	Check if this is:
(If known)		☐ An amended filing
Official Form	<u>106I</u>	A supplement showing postpetition chapter 13 income as of the following date: 5/12/2025 MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debtor	1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status*	■ Emp	oloyed	☐ Employed ☐ Not employed
	employers.	Occupation		ed Dietary Manager	
	Include part-time, seasonal, or self-employed work.	Employer's name	Hatties	sburg Health & Rehab	
	Occupation may include student or homemaker, if it applies.	Employer's address	514 Ba	ay St sburg, MS 39401	
		How long employed the	ere?	18 years *See Attachment for Addition	onal Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

For Debtor 2 or non-filling spouse

2. \$ 9,513.54

\$ N/A

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

2. \$ 9,513.54 \$ N/A
3. +\$ 0.00 +\$ N/A
4. \$ 9,513.54 \$ N/A

Debt	or 1	Tonya Denise Tisdale	_	Case i	number (if known)	25-504	25	
				For	Debtor 1		ebtor 2 or ling spouse	
	Cop	by line 4 here	4.	\$	9,513.54	\$	N/A	<u> </u>
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,902.71	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	 \
	5d.	Required repayments of retirement fund loans	5d.	\$	99.88	\$	N/A	<u> </u>
	5e.	Insurance	5e.	\$	693.40	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: Aflac	5h.+	\$	347.51	+ \$	N/A	_
		Food		\$	110.26	\$	N/A	_
		Life		\$	151.88	\$	N/A	<u>.</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	3,305.64	\$	N/A	<u>. </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,207.90	\$	N/A	<u>-</u>
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	<u> </u>	0.00	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		Φ.		Φ.		_
	0.1	settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation Social Security	8d.	\$	0.00	\$	N/A	_
	8e. 8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. e 8f.	\$ \$	0.00	\$ \$	N/A	_
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	_
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/	A
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	(6,207.90 + \$_		N/A = \$	6,207.90
11.	othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	r depend	-	•		nedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	6,207.90
13.	Do	you expect an increase or decrease within the year after you file this form	1?				Combi month	ned ly income
		No.						
	1 1	Yes. Explain:						

Debtor 1	Tonya Denise Tisdale	Case number (if known) 25-50425	

Official Form B 6l Attachment for Additional Employment Information

Debtor	
Occupation	Cook
Name of Employer	Bellevue Assisted Living
How long employed	5 months
Address of Employer	34 Graham Rd
, ,	Hattiesburg, MS 39402

Fill	in this information to identify your case:				
Deb	Tonya Denise Tisdale			if this is:	
Deb	tor 2		_	•	ving postpetition chapter
(Spo	buse, if filing)				the following date:
Unit	ed States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSI	SSIPPI		5/12/2025 MM / DD / YYYY	
1	e number 25-50425 nown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are principle or the state of the st				
Par 1.	Describe Your Household Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	<i>hold</i> of Debto	or 2.	
0		ro. Coparato ricaco			
2.	Do you have dependents? ☐ No Do not list Debtor 1 and ☐ Yes. Fill out this information for	Dependent's relation		Dependent's	Does dependent
	Debtor 2. each dependent	Debtor 1 or Debtor	2	age	live with you?
	Do not state the				□ No
	dependents names.	Grandson		5 months	Yes
		Daughter		17	□ No ■ Yes
					□ No
					☐ Yes ☐ No
					☐ No ☐ Yes
3.	Do your expenses include ■ No				□ res
	expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses				
exp	imate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppolicable date.	ou are using this fo lemental <i>Schedul</i> e	orm as a sup J, check the	plement in a Cha box at the top of	pter 13 case to report f the form and fill in the
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I:</i> Y			.,	
(Of	ficial Form 106l.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		1,200.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
_	4d. Homeowner's association or condominium dues		4d. \$		63.33
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. \$		0.00

Debtor 1 Tor	nya Denise Tisdale	Case number (if k	nown) 25-50425
6. Utilities: 6a. Elec	stricity, heat, natural gas	6a. \$	0.00
		6b. \$	0.00
	er, sewer, garbage collection	· —	
	ephone, cell phone, Internet, satellite, and cable services	6c. \$	400.00
	er. Specify:	6d. \$	0.00
	housekeeping supplies	7. \$	1,060.00
	and children's education costs	8. \$	100.00
. Clothing,	laundry, and dry cleaning	9. \$	187.00
0. Personal	care products and services	10. \$	87.00
 Medical a 	nd dental expenses	11. \$	50.00
2. Transport	ation. Include gas, maintenance, bus or train fare.	. —	
Do not inc	lude car payments.	12. \$	300.00
Entertainr	ment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
4. Charitable	e contributions and religious donations	14. \$	0.00
5. Insurance),	_	
Do not incl	lude insurance deducted from your pay or included in lines 4 or 20.		
15a. Life	insurance	15a. \$	0.00
15b. Hea	Ith insurance	15b. \$	0.00
15c. Veh	icle insurance	15c. \$	197.16
	er insurance. Specify:	15d. \$	0.00
	not include taxes deducted from your pay or included in lines 4 or 20.	/~~	0.00
Specify:	Thormolade taxes deducted from your pay or included in lines 4 of 20.	16. \$	0.00
	nt or lease payments:		
	payments for Vehicle 1	17a. \$	0.00
	payments for Vehicle 2	17b. \$	0.00
	er. Specify:	17c. \$	0.00
	er. Specify:	176. \$	0.00
	• •		0.00
	ments of alimony, maintenance, and support that you did not report as from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
	ments you make to support others who do not live with you.	\$	0.00
Specify:		του Ψ΄ <u>—</u> 19.	0.00
	property expenses not included in lines 4 or 5 of this form or on Sch		ome
	tgages on other property	20a. \$	ome. 393.17
	l estate taxes	20b. \$	0.00
		20c. \$	
	perty, homeowner's, or renter's insurance	· —	0.00
	ntenance, repair, and upkeep expenses	20d. \$	0.00
	neowner's association or condominium dues	20e. \$	0.00
 Other: Spender. 	ecify:	21. +\$	0.00
Calculata	your monthly expenses		
	your monthly expenses		4.440.00
	ines 4 through 21.	\$_	4,112.66
	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$_	
22c. Add li	ine 22a and 22b. The result is your monthly expenses.	\$ _	4,112.66
Calculata	your monthly not income		
	your monthly net income.	220 f	C 207 00
	y line 12 (your combined monthly income) from Schedule I.	23a. \$	6,207.90
23b. Cop	y your monthly expenses from line 22c above.	23b\$	4,112.66
220 500	tract your monthly expenses from your monthly income		
	tract your monthly expenses from your monthly income. result is your <i>monthly net income</i> .	23c. \$	2,095.24
For example	expect an increase or decrease in your expenses within the year after year, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?		
■ No.			
☐ Yes.	Explain here:		

Fill in this infe	ormation to identify your	case:			
Debtor 1	Tonya Denise Tis	sdale			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT O	F MISSISSIPPI		
Case number	25-50425				
(if known)					Check if this is an amended filing
Declara If two married You must file	people are filing togethe		sible for supplying	correct information. ules. Making a false state	12/15 ement, concealing property, or 00, or imprisonment for up to 20
	i. 18 U.S.C. §§ 152, 1341, 1	l519, and 3571.			
Did you	pay or agree to pay some	eone who is NOT an attorn	ey to help you fill o	out bankruptcy forms?	
■ No					
☐ Yes	. Name of person				kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the summ	ary and schedules	s filed with this declaration	on and
X /s/ T	onya Denise Tisdale		x		
Tony	ya Denise Tisdale ature of Debtor 1		Signatui	re of Debtor 2	
Date	May 13, 2025		Date _		

Official Form 106Dec